

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/725,526
Filing Date	December 3, 2003
First Named Inventor	Raymond Orr
Title	DISTRIBUTED POWER SUPPLY ARRANGEMENT
Examiner Name	Michael R. Wallis
Attorney Docket Number	5510P181

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **08791**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **08791**

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Clifford J. Walker</i>	Date	2-31-10
Name	Clifford J. Walker	Telephone	408-414-9508
Title & Company:	VP Corporate Development, Power Integrations, Inc.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted			

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.